



Healthier Solutions

Flexible private medical
insurance that fits around
you and your family





Contents

Why Healthier Solutions?

03. **Welcome to Aviva**

05. **How Healthier Solutions works**

Quality based core cover

07. **Quality treatment for you**

08. **Extensive benefits as standard**

10. **Expert Select**

12. **Hospital lists**

13. **Networks**

14. **Out-patient treatment**

15. **In-patient and day-patient treatment**

16. **Cancer cover**

19. **No Claim Discount (NCD) explained**

Creating your plan

20. **Enhancing your cover**

22. **Reducing your cover**

Wellbeing services & support

26. **Looking after your wellbeing**

28. **MyAviva**

29. **Underwriting explained**

31. **Your questions answered**

32. **Contact Aviva**

Welcome to Aviva

Providing you and your family with simple and affordable quality healthcare

At Aviva, we understand that everyone is different. Which is why we've created Healthier Solutions. Private medical insurance (PMI) with the flexibility to satisfy a range of different needs and budgets.

Combining in-depth clinical expertise with a commitment to exceptional customer service allows us to give you and your family comprehensive cover that offers real peace of mind. Especially as our healthcare products have been developed and shaped by our team of expert clinicians working closely with hospitals and specialists.

So that we can offer the benefits and support you need, we've designed our healthcare products based on conversations with people like you. That's why Healthier Solutions gives you the freedom to choose cover containing the specific benefits you want – no more, no less.

It takes Aviva to help you and your family live your best lives, knowing you have the support you need when you need it.

To keep everything straightforward, we base everything we do on these three essential elements:



Simplicity

Clear policies, easy member access and straightforward admin

Quality

Access to expert advice, treatment, specialists, hospitals and clear clinical pathways for key conditions

Sustainability

Focusing on costs, choice, value and processes to keep premiums affordable

We believe it's this focus and our continued improvement that sets us apart from other PMI providers

The healthcare you need, without delay

The NHS do a sterling job. But sometimes they are stretched. And that's where private medical insurance can make a big difference.

It can be a quicker route to diagnosis and treatment. Giving peace of mind that if you or your family are ever unwell and need professional medical help, you'll get access to the care you need without delay.

Faster access to treatment can also mean less time off work due to sickness. And more time getting on with your day to day life with as little disruption as possible.

Fast access

to diagnostics and medical treatment to help you back to work as soon as possible.

Flexible cover

so you only pay for the benefits you need.

Peace of

mind during a difficult time with expert guidance and support to get the treatment you need.



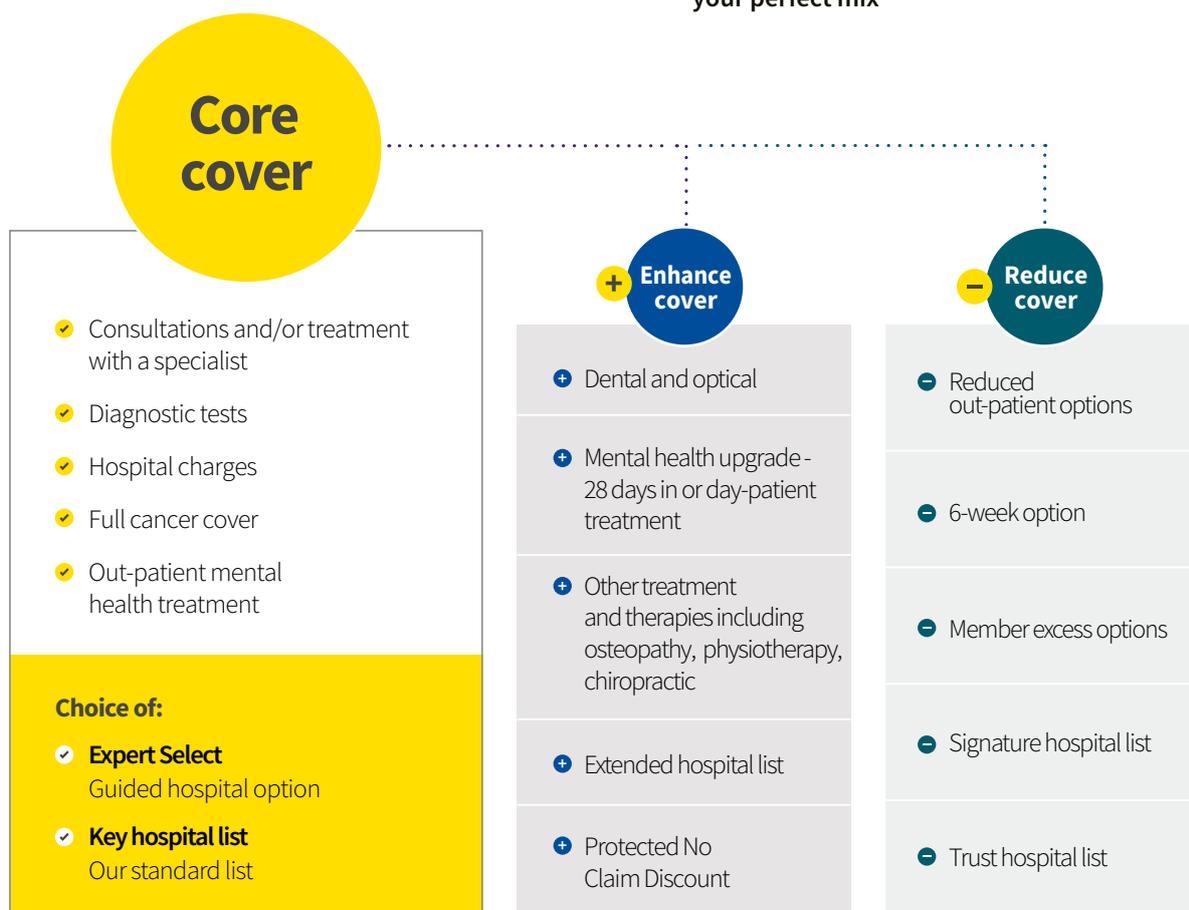
How Healthier Solutions works

Healthier Solutions is our PMI product designed for you. It gives you extensive benefits through its core cover. But because we know everyone is different, we've made sure Healthier Solutions is flexible, letting you set the level of cover to suit your needs and your budget.

It's an annually renewable contract so there's even flexibility to change your cover at renewal.

We'll take you through the core cover and show how you can build your plan to suit you in 3 simple steps:

- 1. Start with Core, with such a comprehensive range of benefits this may be all you need**
- 2. Depending on your needs and budget, you can choose to Enhance or Reduce your cover with our range of options**
- 3. Keep or remove options to build your perfect mix**



Added value MyHealthCounts, MyAviva, Get Active, Stress Counselling helpline, Aviva Digital GP, Mental health support articles

Flexible cover to suit your needs

Everyone is different and that's why Healthier Solutions doesn't follow a 'one-size-fits-all' approach to healthcare.

Our flexible cover allows you to tailor your policy benefits to suit your own requirements.

You can enhance or reduce your core cover, depending on your budget, and what's important to you. Meaning you only pay for what you need. Then you can relax, safe in the knowledge that your policy is there to protect your individual needs.

Healthier Solutions at a glance

- **Created with our clinical expertise in mind**, to help you get the treatment that's right for you
- **A flexible product** you can shape to meet your needs and budget
- **No limit to the number of eligible claims** you can make each year
- **Expert Select** - a simple process to guide you to the treatment you need in your local area
- **Extensive benefits in core cover**, with cancer cover as standard
- **A simple claims process**
- Cover from **one of the UK's largest insurers**

Making the right decision

It's important you find the right product for you and your family. To help you do this, the Financial Conduct Authority has made it a requirement for every insurer to produce an Insurance Product Information Document (IPID) for certain products.

An IPID provides a short summary of the key product information in a standardised format to make it easier for you to compare similar products from across the market and to help you make an informed decision. It must be read in conjunction with this brochure and the terms and conditions which expands on this and provides full product details, including the benefits and exclusions. These can be found at [aviva.co.uk/health](https://www.aviva.co.uk/health) or please speak to your usual adviser for a copy.

Quality treatment and extensive benefits with core cover

Healthier Solutions gives you access to quality treatment with an extensive range of benefits as standard.

We use our in-house clinical expertise to make sure we only work with hospitals and clinicians who follow specific clinical guidelines and can provide evidence of their clinical quality.

Our value-based approach to healthcare has two key benefits:

- ✔ **It helps to make sure you get quality treatment.**
- ✔ **It helps us keep the cost of your claims down through better and safer clinical management meaning we can pass these savings onto you.**

Our clinical approach

✔ Open referral

This is a referral from a GP recommending the type of specialist you need to see, but not naming any one specialist or hospital.

This lets us provide you with a choice of hospitals and specialists who meet our quality standards.

We recommend that you ask your GP for an open referral if you need to make a claim to allow us to help select an appropriate specialist for you.

✔ Expert Select

This is our guided approach to hospital choice.

We use our clinical and claims expertise to provide you with a choice of hospitals in your area which give the quality of care we expect.

For this option you will always need to get an open referral so you can benefit from our expertise.

✔ Treatment networks

For certain conditions, we offer another level of quality assurance.

We've set up networks of treatment units, specialising in managing these conditions. Again, we only work with clinicians and medical facilities that meet our quality of care standards.

Extensive core cover that can make such a difference

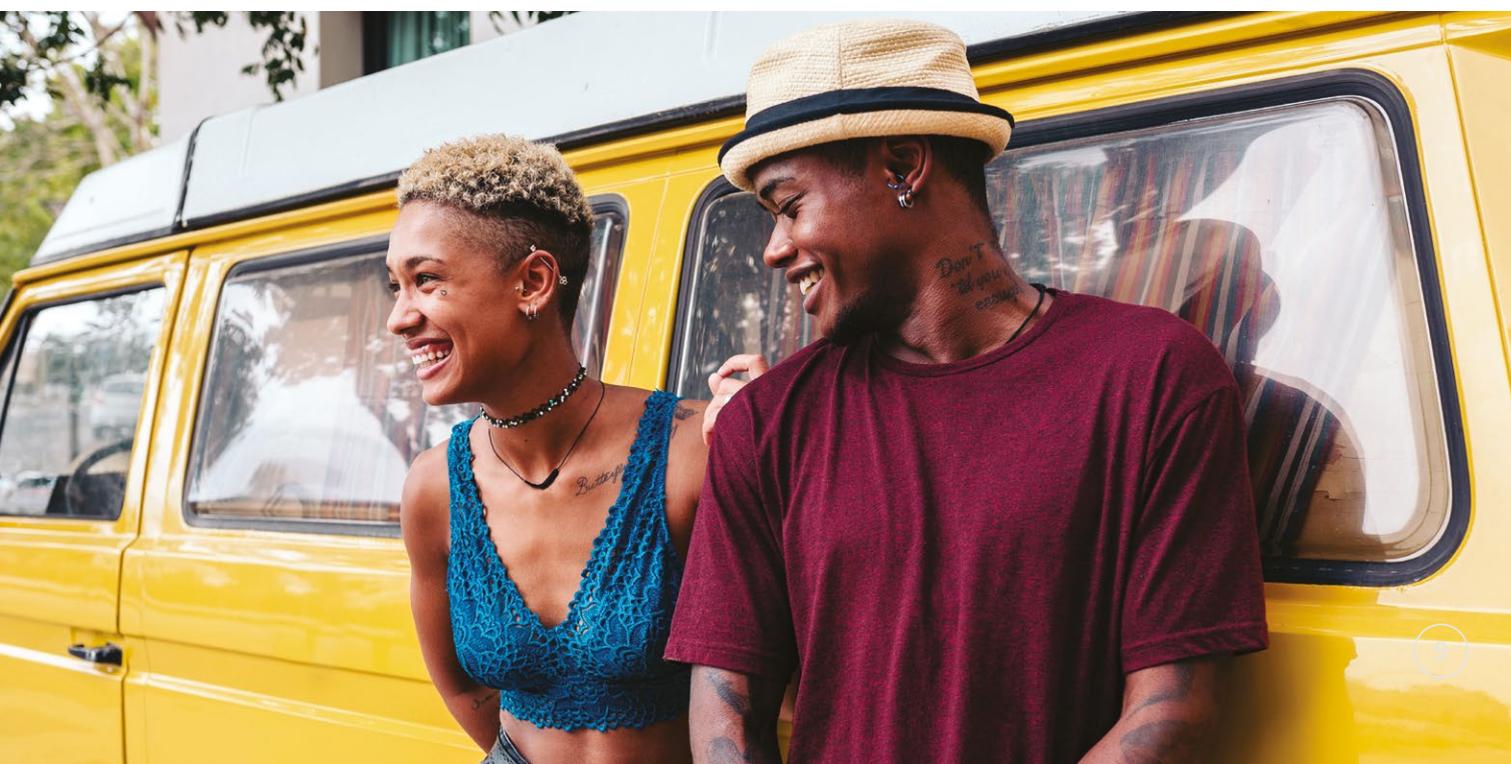
No claims discount	
	Your policy includes a no claim discount (NCD) which is reviewed at each renewal date.
A. In-patient or day-patient treatment of acute conditions at a facility covered under your hospital option	
Hospital charges	✓
Specialists' fees	✓
Diagnostic tests	✓
Radiotherapy / chemotherapy	✓
NHS cash benefit - cash payment for eligible NHS stays	£100 per night up to 30 nights
B. Additional benefits	
Home nursing	✓
Private ambulance	✓
Parent accommodation when staying with a child of 15 or under who is covered by the policy	✓
Hospice donation*	£70 per day, up to 10 days
GP referred treatment by a speech therapist for children*	Up to 2 speech therapy sessions
Baby bonus*	£100 per baby
Stress Counselling helpline*	✓
C1. Out-patient treatment of acute conditions at a facility covered under your hospital option	
Consultations with a specialist	✓
Treatment by a specialist	✓
Diagnostic tests (blood tests, X-rays, ECGs etc.)	✓
Pre-admission tests	✓
Radiotherapy / chemotherapy	✓
GP referred mental health treatment as an out-patient	Up to £2,000
Specialist referred treatment by: • a physiotherapist • a chiropractor • an osteopath	✓
Other benefits - for members with C1 only	
Treatment for the complications of pregnancy and childbirth	✓
Surgical procedures on the teeth performed in a hospital	✓

* Claims for these benefits will not affect the no claim discount

Our core cover

Cancer cover	
Hospital charges for surgery and medical admissions	✓
Specialists' fees	✓
NHS cancer cash benefit	£100 each day
Post surgery services	✓
Radiotherapy and chemotherapy	✓
Bone strengthening drugs (such as bisphosphonates)	✓
Treatment by a specialist for side effects of chemotherapy or radiotherapy	✓
Wig	£100 once per member
External prostheses	Up to £5,000
Genetic testing to support treatment	✓
Molecular profiling	✓
Stem cell and bone marrow transplants (including collection, storage and implantation)	✓
Monitoring	✓
Ongoing medical needs (such as replacement of tubes or drains)	Up to 5 years
Preventative treatment for cancer – after treatment we have paid for	✓
End of life care: <ul style="list-style-type: none"> • In a hospital if it's medically necessary • Donation to a hospice • Donation to a registered charity 	✓ £100 per night £50 per day Combined limit of up to £10,000

This summary doesn't contain the full standard terms, conditions and exclusions that apply to the product. These can be found in the Healthier Solutions terms and conditions. Non-standard terms may apply.



Our core cover

Expert Select

Our core route to treatment

Expert Select is our simple approach to accessing quality treatment.

It takes some of the hassle and stress out of an already worrying situation. Backed by our clinical expertise and excellent customer service, our approach gives you extra peace of mind. You can rest easy knowing we're using our depth and breadth of knowledge to get a better outcome for you.

Get peace of mind with Expert Select

We've designed Expert Select to help you access the quality care that best suits your needs. It's a simple, hassle-free approach that sees us do all the hard work so you don't have to.

You can rest assured you'll get the quality support and treatment you need from specialists in their field.

With Expert Select, you don't have to decide which hospital list will best suit you when you take out your policy. Instead, when you make a claim, we'll offer you a choice of an average of four to five hospitals nationally which may include some from the largest hospital groups. All will be local, offering access to a number of specialists. We base our recommendations on your diagnostic or treatment needs to make sure you get appropriate quality treatment options every time.

This gives you an informed choice based on clinical need.

Once you've had your treatment, we'll settle all eligible bills in full with the treatment provider. We guarantee no shortfalls on any eligible hospital or specialist charges for consultations, tests or treatment.



Simplicity

Simplicity at point of purchase.

Simplicity at point of claim.



Quality assured

The guarantee of proven quality specialists, hospitals, drugs and treatments.



Choice

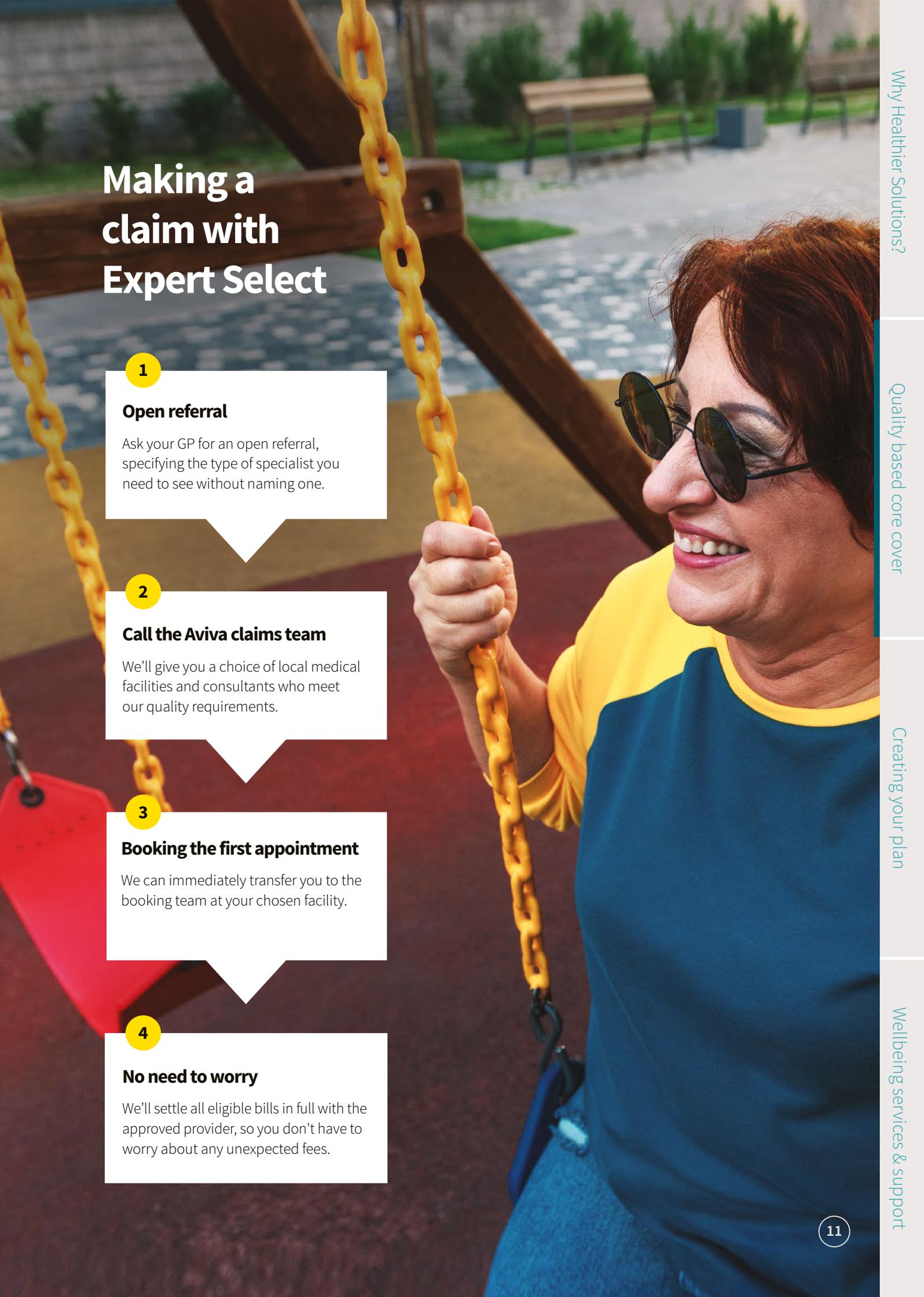
Choice of hospitals nationally with multiple specialists within each.



Affordability

All eligible bills paid in full.

The promise of managed healthcare costs without compromising on quality.



Making a claim with Expert Select

1

Open referral

Ask your GP for an open referral, specifying the type of specialist you need to see without naming one.

2

Call the Aviva claims team

We'll give you a choice of local medical facilities and consultants who meet our quality requirements.

3

Booking the first appointment

We can immediately transfer you to the booking team at your chosen facility.

4

No need to worry

We'll settle all eligible bills in full with the approved provider, so you don't have to worry about any unexpected fees.



Hospital lists

Alternative hospital options

Whilst Expert Select is our core approach, we recognise that everyone has individual needs, so you may want to select a different route. Hospital lists are an alternative approach.

They may be a good option if you would prefer to choose a specific hospital from your chosen list.

Not set on a specific hospital for treatment?

Expert Select may be a better option if you want to benefit from our quality-led selected choice rather than focus on specific hospitals for treatment.

We have four hospital lists:

- **Key** - As our standard hospital list option, this gives you access to around 200 private hospitals across the UK.
- **Extended** - For an extra cost, you can upgrade to this list, which gives access to more hospitals, predominantly in the Greater London area.
- **Signature** - You can reduce your costs by choosing this list with fewer hospitals. It's a great option if you live in Scotland or Northern Ireland as this list excludes all hospitals in England and Wales.
- **Trust** - This is a cost-saving option that uses the private patient units of NHS Trust and partnership hospitals.

Networks

Additional support with networks

If you choose a hospital list option, you can still benefit from our networks.

For some conditions, we offer another level of quality assurance – a network of treatment units specialising in providing treatment for specific conditions. Networks are a way of clinically managing providers who meet our high standards in delivering care for our customers.

These facilities use an evidence-based treatment approach and share with us their outcomes using patient reported outcome measures (known as PROMs), condition-specific clinical outcome scores and service user satisfaction scores.

Why use networks?

Choosing where you want to have your treatment can be daunting. With Healthier Solutions, we have your back. We believe great customer outcomes don't start and end with paying a claim. With networks you can benefit from our expertise - we'll do the background checks for you and help steer you through complex healthcare choices.

Quality healthcare is about getting access to the treatment you need quickly, effectively and at an affordable cost, helping to maintain your premiums.

We only work with providers who meet our quality criteria. All our providers sign up to collecting and sharing clinical outcomes with us and, where applicable, national registries to improve transparency for you.

Making a claim with networks

1

Open referral

Ask your GP for an open referral, specifying the type of specialist you need to see without naming one.

2

Call the Aviva claims team

We'll give you a choice of local medical facilities and consultants who meet our quality requirements.

3

Booking the first appointment

We can immediately transfer you to the booking team at your chosen facility.

4

No need to worry

We'll settle all eligible bills in full with the approved provider, so you don't have to worry about any unexpected fees.

Out-patient treatment of acute conditions

With Healthier Solutions, we cover a range of conditions, aiming to give you the best chance to begin your treatment and recovery as soon as possible.

Consultations or treatment with a specialist

If you develop an illness or condition, you may need a consultation with a specialist. Healthier Solutions offers payment for unlimited out-patient consultations with a specialist, diagnostics and treatment where medically required.

By going through Healthier Solutions, it's likely you'll be able to see a suitable specialist sooner than you would through the NHS. That means you can get a head start on any treatment you may need.

With Expert Select, we can find both a specialist and a hospital for you and we'll pay the full cost of the consultation fees so there won't be any unexpected bills for you to pay.

If you need investigations or treatment, you need to ask your GP for an open referral, naming the area of specialism, but not a particular specialist. We'll find the most appropriate specialist for you and your condition.

If you've chosen one of our other hospital list options, we'll pay the specialist fees up to the amount specified in our fee guidelines. To view our fee guidelines visit [aviva.co.uk/pmifees](https://www.aviva.co.uk/pmifees)

Diagnostic tests

As part of the core cover, Healthier Solutions pays the full costs for diagnostic tests, such as pathology, X-rays, scans, physiological tests like ECGs and pre-admission tests. Again, this often leads to a speedier diagnosis, meaning you can start any necessary treatment sooner.

Mental health cover

We know the importance of mental health and the impact it can have on physical health. That's why we offer up to £2,000 for each member, every policy year for out-patient treatment on GP referral to a psychiatric therapist or psychiatric specialist. Therapist and specialist fees are paid up to our recommended fee guidelines.

You can find a full list of other benefits available in the table on page 10.

What is an acute condition?

It's a disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

In-patient or day-patient treatment of acute conditions

We cover a range of conditions that could see you being admitted to hospital for treatment.

Hospital charges

As part of our core cover, you get full cover for eligible in-patient and day-patient treatment at any hospital included under your hospital option.

Plus, there are no hidden costs as the cover includes all agreed treatment, the cost of drugs and nursing care.

Diagnostic tests

Healthier Solutions pays the full costs of diagnostic tests while you're an in-patient or day-patient. This is often a key part of diagnosing a condition and being able to confidently start the appropriate treatment, so it's essential you can have these tests as soon as possible.

Specialists' fees

With Expert Select, we take care of all the specialist fees for in-patient or day-patient treatment, so there's never any worry over additional fees.

With our other hospital list options, we'll pay the specialist fees up to the amount specified in our fee guidelines. In most cases, we'll cover all specialist fees. However, if you choose a specialist that doesn't meet our fee guidelines, we'll offer an alternative choice. If you still want to see your chosen specialist, we'll pay up to the amount specified in our fee guidelines, but you will need to pay the rest of the fee.



Cancer cover to help at a difficult time

According to Macmillan Cancer Support by the end of 2030, 4m people will be living with cancer¹.

This stark figure covers all age groups, however it highlights that anyone could be diagnosed with cancer at some point.

Statistics like these highlight the importance of protecting yourself by making sure you have fast access to treatment, should you ever need it. That's why we've made cancer cover an integral part of Healthier Solutions. Our cancer table on page 9 outlines all the benefits available.



Our cancer pledge

We understand the importance of providing extensive cover and support at every stage of cancer treatment.

Our cancer pledge means we'll cover the cancer treatment and palliative care you need, as recommended by your specialist. We want to make things as comfortable as possible following your cancer treatment, so we'll provide extensive cover for aftercare, including consultations with a dietician, as well as money towards prostheses and a wig.

What do we offer through Healthier Solutions?

Right from the start, you will have access to our dedicated oncology team to support you through the process and help get the right treatment - whether in-patient or out-patient - and a high level of aftercare. Here's what we offer:

- Chemotherapy, radiotherapy and targeted therapy is covered in full.
- Treatment at home wherever possible, for example chemotherapy or drugs provided by a nurse.
- £100 for each day or night of eligible treatment on the NHS, with no overall limit - this can help towards everyday costs such as parking and childcare.
- The latest diagnostics to help determine the best route of treatment, such as molecular profiling, which aids clinicians to prescribe the most effective treatment.
- Treatments that help control the spread of breast cancer, such as preventative bisphosphonates.
- Where treatment is outside of standard medical guidelines, we will thoroughly review the clinical evidence to determine what cover is available.
- We provide treatments and tests which are proven to help the patient, but may not be available from the NHS.

¹ Macmillan Cancer Support, Statistics Factsheet, 2019.

Cancer FAQs

Where will I be covered to have treatment?

- If you choose Expert Select - we will pay in full at a hospital confirmed by us, or
- If you choose one of our hospital lists - at a hospital on your list that we recognise for your treatment and condition.
- At home if your specialist agrees that this is possible - it'll depend on the treatment that you need.
- Out-patient CT, MRI and PET scans will only be covered at a diagnostic centre recognised by us.

Are diagnostic tests covered?

Yes.

Will I be covered for genetic tests?

We'll pay for genetic testing in full if it's requested by a specialist to aid a diagnosis or to help determine the type of treatment required. But we won't pay for genetic testing for screening purposes, or if there are no symptoms.

Will I be covered for molecular profiling?

Yes. We'll pay for molecular profiling tests in full when they're being used to determine the most appropriate treatment.

Will I be covered for preventative treatment?

We'll pay for surgery to prevent further cancer if you have already had treatment for cancer that we've paid for – for example, we'll pay for a mastectomy to a healthy breast in the event that you've been diagnosed with cancer in the other breast, if it's recommended by your specialist. We won't pay for treatment where you have no symptoms of cancer, for example where you've a strong family history of cancer.

What drug treatment is covered?

We cover in full:

- Chemotherapy - drugs used to destroy cancer cells.

- Targeted therapy and biological therapy.
- Bone strengthening drugs (such as bisphosphonates).
- We'll also pay for treatment that you need to deal with side effects while having chemotherapy or radiotherapy, such as anti-sickness drugs and antibiotics.
- We'll only pay for hormone therapy if you need it to shrink a tumour before you have surgery or radiotherapy. Hormone treatment isn't covered by the policy at any other time. Your GP will be able to prescribe this or administer it.

Is radiotherapy covered

Yes.

Will I be covered for palliative care?

Yes, we provide cover at every stage of the disease.

Will I be covered for end of life care?

- Yes.
- We'll pay for end of life care in hospital if it's medically necessary.
- If you're admitted to a hospice we'll make a donation to the hospice.
- We'll also make a donation to a registered charity if you stay at home and are visited by a nurse from that charity.

Will I be covered for routine monitoring when treatment has finished?

- Yes.
- We don't pay for monitoring after treatment for non-melanoma skin cancer.
- If you've any ongoing medical needs, such as regular replacement of tubes or drains, we'll pay for up to five years after your treatment for cancer has finished.

Our core cover

Will I be covered for any types of experimental treatments?

- If you have experimental treatment, we'll pay the equivalent cost of the established treatment that would usually be given for your condition. If there's no equivalent treatment, we won't cover any of the costs of the experimental treatment.
- If a drug is licensed, but not for the type of cancer that you have, we'll assess the case and if there's sufficient clinical evidence to show it's appropriate for your condition, we'll pay in full.

What other benefits and services are available?

- Following surgery, we'll cover a number of different specialist services that you may need, such as consultations with a dietician or a stoma nurse.
- We'll contribute up to £5,000 towards the cost of an external prosthesis following surgery for cancer.

- We'll pay up to £100 towards the cost of a wig if you need one due to hair loss caused by cancer treatment.
- We'll pay for stem cell and bone marrow transplants, including the collection, storage and implantation.
- NHS cancer cash benefit - for NHS cancer treatment that would have been covered by the policy if you'd had it as a private patient, we'll pay £100 for:
 - each day of in or day-patient treatment
 - each day of out-patient: radiotherapy, chemotherapy, blood transfusions, or surgical procedures
 - each day of intravenous (IV) chemotherapy at home
 - each week that you take oral chemotherapy drugs at home.

You can't claim more than £100 per day.



Annual No Claim Discount (NCD) available

Healthier Solutions includes a no claim discount which is reviewed each year.

Each person covered on the policy has their own no claim discount. There are 15 levels and each person's discount increases by one level each year if they don't claim, up to a maximum of 75%.

Level	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
% discount off level 0 Premium	0	9	18	25	32	39	45	50	54	59	63	66	69	72	75

The NCD will stay at the same level if the total we pay towards new claims in a year is £250 or less.

If the total we pay towards new claims is more than £250 in a year, the NCD discount will reduce by three levels.

The NCD will never reduce by more than three levels in any one year.

You can get cover with 69% no claim discount for your first year's premium if you take out a PMI policy with Full Medical Underwriting or New Moratorium underwriting terms. In 2020, 97.1% of new customers achieved this level of discount.

If you are switching from another provider and want to continue with your current underwriting, you can get 69% no claim discount on your first year's premium if you haven't claimed on your current PMI policy in the last 5 years.

Claims for the following benefits won't affect your no claim discount:

- NHS cancer cash benefit
- NHS cash benefit
- baby bonus
- benefits in the other treatment and therapies option
- dental and optical benefits
- GP referred speech therapy for children
- hospice donation
- if we don't pay a claim because the amount is less than the excess (if applicable).

NCD protection is available for a small additional premium.

Creating your PMI plan - enhancing your cover

You can add any of these options to the core cover to enhance your policy for an extra premium.

Mental health treatment

We understand the importance of mental health. That's why we've included out-patient mental health treatment in our core cover.

If you feel you would benefit from further cover, you can add in-patient and day-patient mental health treatment to your plan too. Healthier Solutions covers treatment that aims for full recovery from new mental health issues rather than covering chronic mental health conditions.

Your plan can provide a maximum of 28 days combined in-patient and day-patient mental health treatment for each member every policy year. This also includes benefit for specialists' fees up to our recommended fee guidelines.

Other treatment and therapies

If you happen to suffer an injury, such as whiplash or a sports injury, your GP may refer you to an osteopath, acupuncturist, physiotherapist or a chiropractor.

Healthier Solutions will cover you for GP referred treatment by any of the above practitioners, and their fees are paid up to our recommended fee guidelines. You can claim for up to 10 sessions in combined total, per condition, for each member, every policy year. GP minor surgery is also covered, up to £100 per procedure.

Dental and optical

With this enhanced option, you can add these extra benefits for each member every policy year:

- £250 for routine dental treatment, £50 excess
- £600 for accidental dental injury
- £150 optical benefit towards glasses and contact lenses, £50 excess

Routine dental treatment and optical benefit each have a £50 excess. If you claim for these benefits you will pay the first £50 yourself and the benefit amounts shown would then be available to you to claim towards costs.

Protect your no claim discount (NCD)

Each person covered on the policy has their own no claim discount. There are 15 levels and each person's level increases by one level each year if they don't claim, up to a maximum of 75%.

We understand how frustrating it can be if you've spent years building up a no claim discount (NCD), only for it to be wiped out when you need to make a claim. That's why you can ask us to protect yours, for a small additional premium.

The NCD protection takes effect if you make a claim that would have caused you to drop down the NCD scale, protecting your premium from increasing. So, instead of your NCD reducing, it stays at the same level. It will just be your NCD protection that is lost. This means the NCD will apply in the usual way at your next renewal.

Then, once you've been claim-free for a year, you can ask us to protect your NCD again.

More on the Enhance options

OPTIONS TO INCREASE YOUR LEVEL OF COVER – (increases premiums)	
OPTION D: Other treatment and therapies - claims for the benefits in Option D will not affect your no claim discount	
GP referred treatment by: • a physiotherapist • a chiropractor • an osteopath • an acupuncturist	Up to 10 sessions in combined total for each condition
GP minor surgery	Up to £100 per procedure
OPTION E: Dental and optical - claims for the benefits in Option E will not affect your no claim discount	
Routine dental treatment	Up to £250. £50 excess
Treatment by a dentist of an accidental dental injury	Up to £600
Optical benefit	Up to £150. £50 excess
OPTION F: Mental health treatment	
Treatment as an in-patient or day-patient	Up to 28 days
Specialists' fees for in-patient treatment	✓
OPTION G: Hospital options – members will have the 'Expert Select' guided hospital option unless you have chosen one of the following:	
Key hospital list	Nationwide list of hospitals
Extended hospital list	Nationwide list of hospitals with additional London coverage
OPTION J: Protected no claims discount (NCD)	
	Your no claim discount (NCD) is protected. Your discount will remain at its current level and not reduce at the next renewal date if a claim that would have caused your NCD to reduce is paid. Eligibility criteria apply.

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Creating your PMI plan - reducing your cover

We want to make Healthier Solutions affordable for everyone. And you may feel that, while you would benefit from the advantages of full cover, you'd prefer a lower cost option.

If you want to reduce your premium to help meet your budget, you can do this by choosing from the following options to reduce your costs.

Reduced out-patient cover

One way of making PMI more affordable and lowering your costs is to reduce your out-patient cover.

Even with reduced cover, we still offer a considerable level of insurance. You can rest assured you will still get full out-patient cover for:

- Surgical procedures by a specialist in a clinical setting, for example, guided injections, surgical treatment and complex diagnostics such as gastroscopy.
- CT, MRI and PET scans at a diagnostic centre recognised by us.
- Radiotherapy and chemotherapy.
- Any costs for pre-admission tests needed within 14 days of admission to check you are fit to undergo surgery and anaesthesia.

Under this option, you can limit cover for other out-patient treatments to £0, £500 or £1,000 for each member every policy year. Out-patient consultations, other diagnostic tests, non-surgical treatment, mental health treatment and specialist referred treatment by a physiotherapist, chiropractor or osteopath are subject to these limits.

If you choose any of the reduced out-patient cover options, this also removes the cover for treatment for complications of pregnancy and childbirth, and surgical procedures on the teeth performed in a hospital or any related treatment.

The monetary limit doesn't apply to out-patient cancer treatment received after being diagnosed with cancer.

The six-week option

If you choose the six-week option, you will still have the benefit of prompt cover should a GP refer you to a specialist for diagnostic tests and consultations and any subsequent eligible out-patient treatment. However you will only be covered for in-patient or day-patient treatment if the wait for that treatment is longer than six weeks on the NHS.

If it's less than six weeks you'll need to use NHS facilities as a non paying patient or self-fund any private treatment. If it's found that you require emergency treatment, you'll be admitted on the NHS immediately, therefore treatment won't be covered by the policy.

If the waiting time for NHS treatment is longer than six weeks, this benefit kicks in, meaning you can get private treatment as an in-patient or day-patient straightaway. And if you subsequently need eligible treatment as an out-patient, Healthier Solutions covers that too.

If treatment is available on the NHS within six weeks, the NHS cash benefit, the NHS cancer cash benefit and the cost of an NHS amenity bed won't be available.

Cancer and the NHS

For cancer treatment, the waiting times for the NHS are often less than six weeks, meaning there will be limited cover for cancer treatment with this option.

However, this cover gives you access to treatment that isn't available on the NHS, including the latest drugs and treatments.

The six week option isn't available to residents of the Channel Islands or the Isle of Man.

Member excess

With this option, you can choose to reduce your premium by introducing an excess option which you will have to pay if you make a claim.

You can choose the level of excess you'd like to set, from £100, £200, £500, £1,000, £3,000 or £5,000. You will need to pay the excess each policy year that you claim before we pay out any benefit. Once you've paid the excess, we'll cover all subsequent costs.

This is a summary of benefits

If you'd like a copy of the full terms and conditions, just get in touch with us and we'll send you a copy. If you'd like to take out a policy, please complete an application form and send it to us.

If we accept your application, the details you give us and the options you choose will determine the final terms of your policy.



More on the Reduce options

OPTIONS TO LOWER YOUR LEVEL OF COVER – (decreases premiums)	
OPTION C1000 or C500: Reduced out-patient cover – choosing one of these options will replace the C1 benefit	
Surgical procedures by a specialist in a clinical, sterile setting	✓
CT, MRI and PET scans	✓
Pre-admission tests	✓
Radiotherapy / chemotherapy	✓
Consultations with a specialist	<p>These benefits are subject to a combined limit of either £1,000 or £500</p>
Non-surgical treatment as an out-patient	
Diagnostic tests (blood tests, X-rays, ECGs etc.)	
GP referred mental health treatment as an out-patient	
Specialist referred treatment by: <ul style="list-style-type: none"> • a physiotherapist • a chiropractor • an osteopath 	
OPTION C0: Reduced out-patient cover – choosing this option will replace the C1 benefit	
If you have chosen the C0 option, the only out-patient benefits available to you are:	
Surgical procedures by a specialist in a clinical, sterile setting	✓
CT, MRI and PET scans	✓
Pre-admission tests	✓
Radiotherapy / chemotherapy	✓

If you choose one of the reduced out-patient options, the monetary limit does not apply to out-patient cancer treatment received after a member has been diagnosed with cancer.

Reduce cover

OPTION G: Hospital options – members will have the ‘Expert Select’ guided hospital option unless you have chosen one of the following:	
Trust hospital list	NHS private patient unit and NHS partnership hospitals only
Signature hospital list	Hospitals in Scotland and Northern Ireland only
OPTION H: Member excess	
Benefits covered under this policy will be subject to an excess payable for each member, every policy year	<p>£100</p> <p>£200</p> <p>£500</p> <p>£1,000</p> <p>£3,000</p> <p>£5,000</p>
OPTION I: Six week option	
In-patient treatment	<p>A member cannot claim for private treatment if their treatment is available on the NHS (including accident or emergency admissions) within six weeks from the date their specialist recommends it</p>
Day-patient treatment	
NHS cash benefit - cash payment for eligible NHS stays	
NHS cancer cash benefit - cash payment for eligible NHS stays	
NHS amenity bed charges	

This summary doesn’t contain the full standard terms, conditions and exclusions that apply to the product. These can be found in the Healthier Solutions terms and conditions. Non-standard terms may apply.



Looking after your wellbeing

We're dedicated to help you live your best life. That means encouraging you to consider your wellbeing in terms of everything you do - what you eat, how active you are, your mental health and how you manage stress. By promoting healthier habits and incremental shifts in attitudes and actions we help people make informed, balanced and positive lifestyle choices.

Whether it's through MyHealthCounts, Aviva Digital GP, Get Active or the Stress Counselling Helpline there's a service to support you.

Healthier Solutions offers you the services below at no additional cost to your policy.

MyHealthCounts

MyHealthCounts is an online health and wellbeing tool. It is designed to give you a better understanding of your current state of health and the lifestyle choices that impact it.

Your Q Score is influenced significantly by your health and lifestyle choices – things like what you eat and how much exercise you do. Knowing your Q Score helps you to see how your health compares to other people like you. But that's not all, it could also save you money when you renew your cover.

Here's how it works:

Once you buy a Healthier Solutions policy, you can register for MyHealthCounts at myhealthcounts.aviva.co.uk

Complete the online health questionnaire about your health and lifestyle choices. Based on this information your Q Score will be calculated and your risks identified.

Sign up to a 12-week programme to improve your Q Score and reach your goals. There are 5 key areas you can choose to get help with – smoking, diet, exercise, weight loss and alcohol.

*** This service is a non-contractual benefit Aviva can withdraw at any time.**

To help keep you motivated and on track, you'll receive weekly emails from experts as well as exclusive access to a wealth of information in the resources library.

By improving your Q Score and ultimately your health, you could receive a discount of up to 15% on your renewal premium. As at January 2021, 53% of customers that completed the MyHealthCounts online questionnaire in the required time period received the full 15% discount at renewal.

Terms and conditions apply. Please go to myhealthcounts.aviva.co.uk for more information.

Aviva Digital GP*

Ever wanted to consult a doctor at short notice?

Aviva Digital GP could help minimise downtime when you need a GP consultation or are seeking medical advice, giving you swift and convenient access to up to 5 GP video consultations per member over 16, per policy year and repeat NHS prescriptions. Dependents under 16 can be added to adult member accounts.

Repeat NHS prescriptions

You can order prescribed repeat medication within the app (all NHS England exemptions accepted) and get free UK delivery.

GP choice

You will be offered both male and female GPs to choose from. You can also select to search for a GP who you have seen previously, via the app, within the last 6 months. Additionally, you can review GPs' bios and select a GP based on who best suits your needs according to the GP's profile.

Please note, Aviva Digital GP is powered by Square Health and is available to residents of Great Britain, Northern Ireland, the Channel Islands and the Isle of Man at home or abroad.

Terms and conditions and the privacy policy for Aviva Digital GP can be viewed in-app before signing up. Mobile data charges may apply.

Mental health support articles*

Your mental health is important and we want to help you when things become too much. If you're experiencing stress, anxiety or poor mental health, it can be difficult to get back on track.

Our aim is to help you to manage and improve your mental health by providing useful information, articles and advice.

Stress Counselling helpline

Stress can develop when you feel that you are having difficulty with the demands and expectations you face. This is where the Stress Counselling helpline can offer support.

Talk to trained counsellors in confidence about the issues that are troubling you.

The service is available to members aged 16 or over.

*** This service is a non-contractual benefit Aviva can withdraw at any time.**



Get Active, feel the benefits*

Get physical without straining your finances – at home or at the gym!

Inside or outside the home, looking after your health and fitness is important. With Get Active, you can access discounts at over 3,000 health & fitness clubs across the UK, as well as at-home fitness products and online workouts - so you can enjoy some great savings on keeping fit and active. You'll also benefit from a variety of other offers to help you and your family stay healthy and happy.

For more information on Get Active please visit aviva.co.uk/wellbeing-healthier-solutions. Terms and conditions and the privacy policy can be viewed before signing up.

Please note: completing the sign up process, either online or in-person at your selected health and fitness club, may result in you entering a binding contract with the gym you have selected. This could include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen gym carefully.

For more information on the wellbeing services available to you, visit: aviva.co.uk/wellbeing-healthier-solutions

MyAviva

The easy way to manage Aviva policies online

Our online portal will help you to manage your Aviva policies and schemes in one secure and easy-to-use place.

With a whole host of benefits you can:

- check your policy or scheme information, including cover and benefit details
- start a new claim or update us on an existing one
- view the claims summary, update us on what's next and track bills paid against your claim
- keep track of excess and out-patient benefits (if applicable), helping you to stay in control
- live chat directly to one of our claims experts without having to pick up the phone

MyAviva is also available to download from the App Store or Google Play. Mobile data charges may apply.

* This service is a non-contractual benefit Aviva can withdraw at any time.

Underwriting explained

Your private medical insurance covers new and unexpected medical conditions. This is a brief overview of how we underwrite the policy.

Healthier Solutions offers a wide choice of underwriting options

Full medical underwriting

- We consider your past health and we may exclude any pre-existing conditions or any related or associated conditions unless we choose to accept them.

Continued medical exclusions

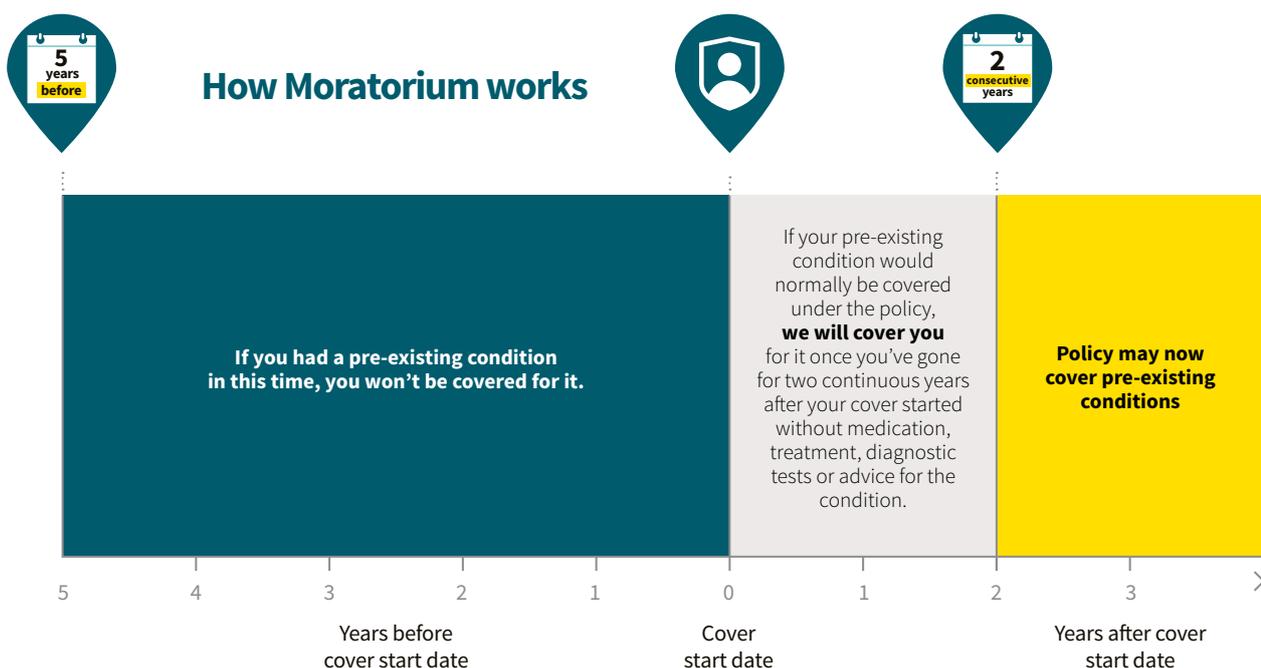
- If you're transferring from an existing fully medically underwritten policy, we'll accept the existing medical exclusions (if any) applied by your previous insurer.
- To complete the underwriting, we'll require all certificates and previous medical insurance documents for everyone you want us to cover.

Moratorium underwriting

- You won't be able to claim for any condition you had during the five years before your cover started.
- If you have had a pre-existing condition in the five years before your start date, you'll only be covered for it once you've been free from medication, treatment, diagnostic tests or advice for the condition for two continuous years after your cover started.
- We will, of course, take care of any new health conditions from your start date.

What is a pre-existing condition?

It's when you've had symptoms, medication, advice, treatment or diagnostic tests for a disease, illness or injury before your cover started.



Continued moratorium

- If you're transferring from an existing policy underwritten on a moratorium basis, we'll apply our moratorium wording with effect from the original moratorium start date for each member on your policy.
- We'll require proof of previous terms for continued moratorium underwriting.

Medical history disregarded

- If you're transferring from a company scheme where you were insured on a Medical History Disregarded basis, we'll cover any pre-existing conditions providing they fall within the terms and conditions of the new policy.



Your questions answered

Q. Is there an overall maximum amount that can be claimed in any one year?

With Healthier Solutions there's no limit to the number of eligible claims you can make in any policy year. There's also no maximum annual amount or ceiling to your claims for eligible private treatment.

There are limits to specific benefits. You'll find full details of these are given in your terms and conditions document.

Q. Can I make changes to my cover once I've taken it out?

It may be possible to increase or decrease your cover to suit your personal circumstances. This may be done either during your 14-day 'cooling-off' period or at your next renewal, subject to underwriter approval.

Q. How is my premium calculated?

When we calculate your premium, we take into account your age and the postcode you live in, as well as the benefit options and type of underwriting you have chosen.

If you're switching from another provider, then your claims history may also affect the premium you pay.

Q. Will the premiums go up?

We review premiums annually to reflect the overall cost of claims and medical inflation. This can be influenced by things like the availability of new treatments and medical technologies.

Healthier Solutions policies are priced using age bands, reflecting the fact that people are more likely to claim as they get older. So you may see an age-related increase, in addition to the general review.

Any changes to your no claim discount (NCD) will also affect your premium. But don't worry, we'll be sure to notify you of any changes prior to your annual renewal.

Don't forget that by registering for MyHealthCounts and improving your Q Score, and ultimately your health, you could receive a discount of up to 15% on your renewal premium. As at January 2021, 53% of customers that completed the MyHealthCounts online questionnaire in the required time period received the full 15% discount at renewal.

Take charge of your health today with Healthier Solutions

Health is wealth as the saying goes. And you can't beat the reassuring feeling of knowing you have plans in place to protect the health of yourself and your loved ones.

Applying for Healthier Solutions private medical insurance couldn't be easier. All you need to do is follow the simple steps below to help you and your family can get faster access to diagnosis and treatment for a range of health conditions.

You can talk to Aviva directly, or speak to a financial adviser to find out more about Healthier Solutions. Whichever way you choose, we'd recommend carefully reading through all the information first to make sure it's right for you. You will also find it helpful to speak to one of our healthcare sales consultants or a financial adviser in the first instance, before deciding on the cover you need. That way you can start shaping your policy so that it's a good fit for your individual needs.



Contact Aviva

- **Call us on 0800 158 5182**
Calls to and from Aviva may be monitored and/or recorded.
- **Visit our website at [aviva.co.uk/health](https://www.aviva.co.uk/health)**
- If you're deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on **18001 0800 959 598**. Text sent to and from Typetalk may be monitored and/or recorded.

When you contact us, we can:

- Prepare an initial policy specification based on the benefits you'd like to include
- Discuss underwriting and available options
- Guide you through our straightforward application process.



Talk to a financial adviser

If you prefer, you can go through a financial adviser, who can:

- Answer any questions you may have about Healthier Solutions and other private medical insurance options
- Prepare a personalised illustration for you
- Talk you through the underwriting options available (this will explain how we deal with pre-existing medical conditions)
- Help you to apply.

This brochure is also available in braille, large print and audio format.

If required, please contact us on **0800 158 3348**
to request a version in a format more suitable for you.

Calls may be monitored and/or recorded.

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[aviva.co.uk/health](https://www.aviva.co.uk/health)

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